

STATE OF ILLINOIS — DEPARTMENT OF CORRECTIONS

Ir _____
 Ir _____
 R B32088 JOHNSON, CHAD E.
 Age: 34 DOB: 09/22/1972
 Race: WHI Sex: M
 NRC 08/30/2007
 Schedule immediately at R&C
 7F ☐ Schedule routine exam at receiving institution
☐ Schedule immediately at receiving institution

Screening
 DDS slg
 J. F. Minter DDS

Public Health Classification	Screening Dates	Pathology
Endodontics		
Oral Surgery	ILP	4, 19
Periodontics	ILP	
Operative	ILP	1, 2, 7, 8
Prosthetic		

Receiving Inst. _____
 Dentist _____
 Date _____

MEDICAL HISTORY AND REMARKS

	Yes	No	Current Medication
Cardio Vascular Disease			
Pulmonary Disease/Asthma			
Diabetes			
Epilepsy			
Hepatitis			
V.D. (Type _____)			
Allergies (Type _____)			

ADULT

EXISTING RESTORATIONS & MISSING TEETH

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 R
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

JUVENILE

Existing Restorations and
 Missing Teeth

Treatment Needed and
 Completed Restorations

TREATMENT NEEDED - COMPLETED RESTORATIONS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

*BEGIN USING FROM BOTTOM UP

State of Illinois
Dept. of Corrections

PRESCRIPTION ORDER
Chart Copy (Not a prescription)

NKA

Patient Johnson, Chad Reg. # B32088 Date: 2/23/10

Problem _____

ORDER: (Physician's Signature After Last Order) Issued

Immunogen 40 mg 12 tabs
+ 1670 QID X 3 days

DEA/Illinois Lic. # _____ Physician (Print) Ralph Johnson MD

☐ May Substitute

M.D.

☐ May Not Substitute

M.D.

DCA 7000
IL 426-1417

Noted by: _____ Date: _____

State of Illinois
Dept. of Corrections

PRESCRIPTION ORDER
Chart Copy (Not a prescription)

NKA

Patient Johnson, Chad E. Reg. # B32088 Date: 4/16/10

Problem _____

ORDER: (Physician's Signature After Last Order) Issued

Immunogen 40 mg (12 tabs)
+ 1670 QID X 3 days

DEA/Illinois Lic. # _____ Physician (Print) Ralph Johnson MD

☐ May Substitute

M.D.

☐ May Not Substitute

M.D.

DCA 7000
IL 426-1417

Noted by: _____ Date: _____

State of Illinois
Dept. of Corrections

PRESCRIPTION ORDER
Chart Copy (Not a prescription)

NKA

Patient Johnson, Chad E. Reg. # B32088 Date: 3/6/08

Problem _____

ORDER: (Physician's Signature After Last Order) _____

Motrin 800mg TID PRN X 10 day
Colace 100 mg BID PRN X 10 day

DEA/Illinois Lic. # _____ Physician (Print) _____

☐ May Substitute

M.D.

☐ May Not Substitute

M.D.

DCA 7000
IL 426-1417

Noted by: E. Johnson MD Date: 3/6/08

*BEGIN USING FROM BOTTOM UP

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)Patient Johnson, Chad Reg. # B32088 Date: 3/6/10 NKA

Problem _____

ORDER: (Physician's Signature After Last Order) Issued

DEA/Illinois Lic. # _____

☐ May Substitute☐ May Not SubstituteDCA 7000
IL 426-1417

Noted by: _____

Physician (Print) Ralph Johnson MD

M.D.

M.D.

Date: _____

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)Patient Johnson, Chad Reg. # B32088 Date: 2/23/10 NKA

Problem _____

ORDER: (Physician's Signature After Last Order) Issued

DEA/Illinois Lic. # _____

☐ May Substitute☐ May Not SubstituteDCA 7000
IL 426-1417

Noted by: _____

Physician (Print) Ralph Johnson MD

M.D.

M.D.

Date: _____

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)Patient Johnson, Chad E. Reg. # B32088 Date: 2-8-10 NKAProblem DentalORDER: (Physician's Signature After Last Order) Issued① Ibuprofen 400mg 12 tabs @ pen VK 500mg 28 tabs
sig: 1 tab PO QID X 3 days sig: 1 tab PO QID X 7 days

DEA/Illinois Lic. # _____

☐ May Substitute☐ May Not SubstituteDCA 7000
IL 426-1417

Noted by: _____

Physician (Print) Ralph Johnson MD

M.D.

M.D.

Date: _____